COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp
RECEIVED
SECRETARY OF THE SENATE
FUBILIC RECORDS

2019 OCT -1 PM 2: 05

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Philip Austin	
Name of Traveler:	
Senator Pat Roberts	
Employing Office/Committee:	
See Attac	hment A
Travel Expenses Paid by (List all sources):	•
August 12 - 15, 2019	
Travel Date(s):	
RE-1	
Description/Title of Attached Forms:	
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Purpose of Amendment (describe the reason for ame	ending original submission): I mistakenly omitted Form RE-1
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from my post-travel submission.	
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10/1/2019	MINH A LUTT.
	
(Date)	(Signature of Traveler)

(Revised 10/19/15)

EMPLOYEE PRE-TRAVEL AUTHORIZATION

Pre-Travel Filing Instructions: Complete and submit this form at least 30 days prior to the travel departure date to the Select Committee on Ethics in SH-220. Incomplete and late travel submissions will not be considered or approved. This form must be typed and is available as a fillable PDF on the Committee's website at ethics.senate.gov. Retain a copy of your entire pre-travel submission for your required post-travel disclosure.

Name of Traveler:	
	SENATOR PAT ROBERTS
Employing Office/Committee: IA Penewable Eugle Asso, National E	Biodiesel Foundation, Renewable Fuels Foundation, IA Corn
Private Sponsor(s) (list all): Growers, IA Soybean Assn, Iowa Bio	
Travel date(s): August 12-15, 2019	
Note: If you plan to extend the trip for any reason you	u <u>must</u> notify the Committee.
Destination(s): Des Moines, Ames, Waterloo, Dubuqu	ue, Cedar Rapids (all in Iowa)
Explain how this trip is specifically connected to the traveler'	's official or representational duties:
The Senate is currently considering policy matters that will impact renewable energy issues, this tour will provide a hands-on, in-deptacilities & farming operations that is not possible to achieve in W	
Name of accompanying family member (if any): N/A Relationship to Employee: Spouse Child	
I certify that the information contained in this form is true, co	implete and correct to the best of my knowledge:
_ / 1	
8/1/19	(Signature of Employee)
(Date)	(Signature of Employee)
	(President of the Senate, Secretary of the Senate, Sergeant at Arms,
Secretary for the Majority, Secretary for the Minority, and Chaplain SENATOR PAT ROBERTS	n): PHILIP AUSTIN
I, hereby au	
(Print Senator's/Officer's Name)	(Print Traveler's Name)
an employee under my direct supervision, to accept payment related expenses for travel to the event described above. I ha duties as a Senate employee or an officeholder, and will not o private gain.	we determined that this travel is in connection with his or her
I have also determined that the attendance of the employee's	spouse or child is appropriate to assist in the representation
of the Senate. (signify "yes" by checking box) 🔀	
8/1/19	MAKIM
(Date)	(Signature of Supervising Senator/Officer)
(Revised 10/19/15)	Form RE-1

PHILIP AUSTIN